~									
Application or Docket Number									
:	BS	O	0-1	29					
MALL ENTITY OTHER THAN YPE OR SMALL ENTITY									
RATE	FEE		RATE	FEE					
ASIC FEE	355.00	OR	BASIC FEE	710.00					
X\$ 9=		OR	X\$18=						
X40=		OR	X80=						
+135=		OR	+270=						
TOTAL		OR	TOTAL	AU					
OTHER THAN SMALL ENTITY OR SMALL ENTITY									
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE					
X\$ 9=		OR	X\$18=						
X40=		OR	X80=						
+135=		OR	+270=	·					
TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	•					
			TO LANGE	· A FE COME					
RATE	ADDI- TIONAL FEE	: 740	RATE	ADDI- TIONAL FEE					
X\$ 9=		OR	X\$18=						
X40=		OR	X80=	:					
+135=		OR	+270=						
TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE						
	ADDI	ì		ADDI-					
RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE					
X\$ 9=		OR	X\$18=						

PATENT APPLICATION FEE DETERMINATION RECORD

	FAILNIA	Effect	ive Octobe	er 1, 20	000	JII NEOO	,,,,			BS	O	0-1	29
•		CLAIMS AS	S FILED - (Column		(Colur			SMALL TYPE	. EN	ITITY	OR	OTHER SMALL I	
то	TAL CLAIMS		14					RATI	=	FEE		RATE	FEE
FO	R		NUMBER F	ILED	NUMBI	ER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS		/ / minus 20=		. 0			X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS		/ minus 3 = *		* 6)		X40:	_		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135	_		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II See White Head TOTAL (Column 1) (Column 2) (Column 2) SMALL ENTITY								OR	TOTAL	CIF			
	CI	LAIMS AS A	MENDED	- PAR	T 11 50	e sufe	KS	bee 7	7/			OTHER	THAN
		(Column 1)		(Colu	IIIII <i>2)</i>	(Column 3))	SMA	LL E	ENTITY	OR	SMALL	ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .		X\$ 9	=		OR	X\$18=	i.
ME	Independent	*	Minus	***		=		X40:	=		OR	X80=	··
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM]	+135	<u> </u>		OR	+270=	•
								TO	TAL		OB	TOTAL	
w.		(Column 1)		(Calu	ımn 2)	(Column 3)		Æ DDIT. F	EE		Jon	ADDIT. FEE	
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST ' MBER HOUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	Minus	**	/	=	1	X\$ 9	_	166	OR	X\$18=	
AMEN	Independent	*	Minus			= '		X40:			OR	X80=	:
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		.						
		BEST A	VAII AF	K F (COP	Y		+135			OR	+270=	
		DEVI /	.v <i>i</i> tibel th		<i>-</i>			ADDIT. F	EE		OR	TOTAL ADDIT. FEE	
		(Column 1)			ımn 2)	(Column 3	<u>,</u>						·
llo		CLAIMS REMAINING	. //		HEST MBER	PRESENT	1			ADDI-			ADDI-

77.		(Column 1)		(Column 2)	(Column 3)	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
AMENDMENT	Total	. /	Minus	**	=	
	Independent	. /	Minus	***	=	
۲	FIRST PRESE					

If the entry in column is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

TOTAL ADDIT. FEE

ADDIT. FEE

TO ADDIT. FEE

OR

OR

X40=

+135=

X80=

+270=

TOTAL ADDIT. FEE